

Bloomington Urban Enterprise Association



## **Historic Façade Grant Application**

Return to:

Showers City Hall, Room 130  
401 N. Morton  
P.O. Box 100  
Bloomington, IN 47402  
(812) 349-3805

## Historic Façade Grant Program Application

The information collected below will be used to determine whether the project qualifies for funding by the Bloomington Urban Enterprise Association. All information will be kept confidential.

<b>Applicant Information:</b>	
Applicant (include the names of all partners):	Phone:
Applicant Address (include Zip Code):	
Address of the Property to be renovated (include Zip Code):	
Ownership:  o Individual                      o Partnership                      o Corporation (Specify: _____) o Non-Profit Organization                      o Association (Specify: _____)	
Federal ID No.: _____	
Year of incorporation: _____ Length of time at this location: _____	
Contact Person: _____ Tel: (    ) _____	
Please give a brief description of your business/organization:	
Have you participated in any Zone tax incentives? o Yes    o No  If so, which ones?	
<b>Requested amount of BUEA funds \$</b>	
<b>Project Description:</b>	
*Please include drawings or photographs illustrating proposed changes to the façade.	

**Economic Impact:**

Total number of jobs at location: \_\_\_\_\_ Number of new jobs added from project: \_\_\_\_\_

Are the new jobs: o FT (# \_\_\_\_\_) o PT (# \_\_\_\_\_)

Average management/professional staff wage: \_\_\_\_\_ Average service staff wage: \_\_\_\_\_

Average wage for new jobs: \_\_\_\_\_

Do these new jobs have benefits: o Yes o No

Please describe:

Please estimate how BUEA funds will be spent:

Total Façade Cost: \$ \_\_\_\_\_

BUEA Funds Requested: \$ \_\_\_\_\_

Project Balance: \$ \_\_\_\_\_

Source for Funding: \_\_\_\_\_

Loan: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Site improvements: \$ \_\_\_\_\_

Other (describe): \$ \_\_\_\_\_

Do you have clear title to the property?

o Yes o No

Total Estimated Cost of Overall Project:

Estimated construction start date:

Estimated construction completion date:

Do you have access to an older or archival photograph of the building?

o Yes o No

Have you discussed this project with the City Planning Department? If yes, please attach copy of approval letter. If no, please specify date of meeting.

o Yes o No (Meeting date: \_\_\_\_\_ )

Is this property historically eligible?

o Yes o No

Have you hired a contractor?

o Yes o No If yes, who? \_\_\_\_\_ Address: \_\_\_\_\_

Will the contractor or subcontractors be Zone businesses?

o Yes o No If yes, list: \_\_\_\_\_

Have you contacted and worked with the HAND Historic Preservation Program Manager in order to produce an appropriate restoration/rehabilitation plan for the façade?

o Yes o No

Have you received funding for façade rendering through the Historic Preservation Commission?

o Yes o No

**The following must be included for submission:**

- ☐ Completed application with signatures and dated
- ☐ Copy of Deed to property, if applicable
- ☐ Offer to Purchase, if applicable
- ☐ Exterior drawing or rendering of proposed work
- ☐ Project specifications/work write up with estimates
- ☐ Zoning compliance/approval letter, if applicable
- ☐ Pro Forma Operating Budget
- ☐ Project Timeline

I hereby certify that the information provided in this application and supporting documentation is given for the purposes of obtaining financial assistance from the Bloomington Urban Enterprise Association (BUEA) and is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date